

# Role of Spiritual Health in Patient Care: A Review

Dr. Kusum Gaur<sup>1</sup> and Dr. Mahesh Sharma<sup>2</sup>

<sup>1</sup>Professor, Department of Community Medicine, SMS Medical College, Ajmer (Rajasthan) India.

<sup>2</sup>Principal Medical Officer, R.K. Joshi District Hospital, Dausa (Rajasthan) India

**Abstract**— *Spiritual or compassionate care involves serving the whole person i.e. physical, emotional, social, spiritual etc dimensions of health. Spirituality has now been identified globally as an important aspect for providing answers to many questions related to health and happiness. The World Health Organization is also looking beyond physical, mental and social dimensions of the health i.e. the spiritual health and its impact on the overall health and happiness of an individual. Spiritual commitment tends to enhance recovery from illness and surgery also. Spiritually is transpired both in order to comfort the dying and to broaden one's own understanding of life at its ending. Spiritual beliefs can help patients cope with disease and face death. So it should be necessarily be add-on in critical stage of disease. Nowadays in some of medical schools in developed countries has included as a curricular of patient care. Now it is the time that all Medical Colleges should include educating their students about spiritual health care in comprehensive patient care. Medical Council of India should also take some action in this direction.*

## I. INTRODUCTION

As technological advances in it tended to change the focus of medicine from a caring, service oriented model to a technological, cure-oriented model. Technology has led to phenomenal advances in medicine also and has given us many technologies helping in diagnosis and treatment of various diseases. However, in addition to this technologies has reduces distances and made our origin broad which is posing an unknown stress to the lives. So in the past few decades physicians have attempted to balance their care by reclaiming medicine's spiritual roots. Spiritual or compassionate care involves serving the whole person i.e. physical, emotional, social, spiritual etc dimensions of health. Such service is inherently a spiritual activity.

## II. ROLE OF SPIRITUAL HEALTH IN PATIENT CARE

One of the challenges physicians face is to help people find meaning and acceptance in the midst of suffering and chronic illness. Medical ethicists have reminded us that religion and spirituality form the basis of meaning and purpose for many people.<sup>1</sup> At the same time, while patients struggle with the physical aspects of their disease, they have other pain as well: pain related to mental and spiritual suffering, to an inability to engage the deepest questions of life. Patients may be asking questions such as the following: Why is this happening to me now? What will happen to me after I die? Will my family survive my loss? Will I be missed? Will I be remembered? Is there a God? If so, will he be there for me? Will I have time to finish my life's work? Many more such question drove the patient in hopeless situation. These questions are not satisfied without spirituality. Cure is not possible for many illnesses but there is always room for healing. Healing can be experienced as acceptance of illness and peace with one's life. This healing is at its core spiritual. True healing requires answers to these questions.<sup>1</sup> And many studies have shown that people desire to be remembered.<sup>2</sup>

**Figure 1**  
**Dimensions of Health**



Attending the dying patient is an important experience for physicians. Spirituality has been recognized by many authors as an integral developmental task for those who are dying.<sup>3,4</sup> Spiritually is transpired both in order to comfort the dying and to broaden one's own understanding of life at its ending.<sup>5</sup> Spiritual beliefs can help patients cope with disease and face death. Spiritual commitment tends to enhance recovery from illness and surgery also.

Spiritual health is an important dimension of health (Figure 1) on which health can be enjoyed and is an important base of other dimensions of health. Spiritual orientation can help people to cope with the consequences of a life stress situation which can lead to many physical and mental diseases.<sup>6</sup> Spirituality has now been identified globally as an important aspect for providing answers to many questions related to health and happiness. The World Health Organization is also looking beyond physical, mental and social dimensions of the health i.e. the spiritual health and its impact on the overall health and happiness of an individual.<sup>7</sup> However the knowledge on the role of spirituality on health is limited because of the limited researches in this field.

The effect of spirituality on health is an area of active research right now. Besides being studied by physicians, it is studied by psychologists and other professionals. Some authors suggest that people who have regular spiritual practices tend to live longer.<sup>8</sup> Another study points to a possible mechanism of action that it decreases IL-6 level and increased levels of IL-6 are associated with an increased incidence of disease.<sup>9</sup>

### III. REVIEW OF LITERATURE

Regardless of what is done to provide health care for the body and the mind, a man may remain lost and restless until the spiritual aspect of life is not seen. Dr Mellbye in 1983 mentioned the factors related with behavior and lifestyle of individuals also affect on health.<sup>10</sup> Similar views culminated in May 1983 at the 36th World Health Assembly and the question of the "spiritual dimension" was raised and discussed at some length.<sup>11</sup> The initiative came in the form of a draft resolution from twenty-two countries from different regions and with different religious beliefs.<sup>12</sup> In May 1984, the 37th World Health Assembly took the historic decision to adopt resolution WHA37, which made the "spiritual dimension" part and parcel of WHO Member States' strategies for health.<sup>12</sup>

A research study involving 1700 older adults showed that those who attended church were half as likely to have elevated levels of IL-6.<sup>9</sup> The authors hypothesized that religious commitment may improve stress control by offering better coping mechanisms, richer social support, and the strength of personal values and worldview.

Another study showed that spiritual well-being was related to the ability to enjoy life even in the midst of symptoms, including pain. This suggests that spirituality may be an important clinical target.<sup>13</sup>

In a study where results of a pain questionnaire distributed by the American Pain Society to hospitalized patients showed that personal prayer was the most commonly used nondrug method of controlling pain: 76% of the patients made use of it.<sup>14</sup>

In another study it was found that among 90 HIV-positive patients, those who were spiritually active had less fear of death and less guilt.<sup>15</sup>

An study of heart transplant patients showed that those who participated in religious activities and said their beliefs were important complied better with follow-up treatment, had improved physical functioning at the 12-month follow-up visit, had higher levels of self-esteem, and had less anxiety and fewer health worries.<sup>16</sup>

Specific spiritual practices have been shown to improve health outcomes. In the 1960s, Benson began research on the effect of spiritual practices on health. Some people who practiced transcendental meditation approached him in the 1960s and asked him to determine if meditation had beneficial health effects. He found that 10 to 20 minutes of meditation twice a day leads to decreased metabolism, decreased heart rate, decreased respiratory rate, and slower brain waves. Further more, the practice was beneficial for the treatment of chronic pain, insomnia, anxiety, hostility, depression, premenstrual syndrome, and infertility and was a useful adjunct to treatment for patients with cancer or HIV. He called this "the relaxation response." Benson concluded: "To the extent that any disease is caused or made worse by stress, to that extent evoking the relaxation response is effective therapy"<sup>17</sup>

A study<sup>18</sup> of pulmonary outpatients at the University of Pennsylvania found that 66% agreed that a physician's inquiry about spiritual beliefs would strengthen their trust in their physician;

1. From a physician's standpoint, understanding patients' spirituality is quite valuable as well:
2. Spirituality may be a dynamic in the patient's understanding of the disease
3. Religious convictions may affect health care decision making
4. Spirituality may be a patient need and may be important in patient coping
5. An understanding of the patient's spirituality is integral to whole patient care

Role of spiritual health was address by many people like Rachel Naomi Remen, who has developed Commonweal retreats for people with cancer, described it well.<sup>19</sup>

Other author said helping, fixing, and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul.<sup>20</sup> Serving patients may involve spending time with them, holding their hands, and talking about what is important to them. Patients value these experiences with their physicians.

This list of studies regarding role of spiritual health in patient care is not exhausted, many more studies were in favor of including spiritual care in patient care.

Several prominent organizations have recognized the importance of spiritual care. The Joint Commission on Accreditation of Healthcare Organizations has a policy that states: "For many patients, pastoral care and other spiritual services are an integral part of health care and daily life. The hospital is able to provide for pastoral care and other spiritual services for patients who request them."<sup>21</sup>

The American College of Physicians convened an end-of life consensus panel that concluded that physicians should extend their care for those with serious medical illness by attention to psychosocial, existential, or spiritual suffering.<sup>22</sup>

#### **IV. Future Aspects**

Most of the other schools follow this model of integrating spirituality into ongoing parts of the medical school curriculum. The reason for this is that it is a good model for teaching principles of care. Since the goal of good medical care is attention to the whole patient, not just the specific illness, courses that are taught holistically, rather than by symptoms only, emphasize whole patient care.

Author has realized this need and suggest to develop a more applicable, statistically reliable and valid spiritual health assessment scale to measure spiritual health of individuals. Researches in this field should also be encouraged.

#### **V. Conclusions**

Spiritual commitment tends to enhance recovery from illness and surgery also. Spiritually is transpired both in order to comfort the dying and to broaden one's own understanding of life at its ending. Spiritual beliefs can help patients cope with disease and face death. So it should be necessarily be add-on in critical stage of disease. Author has realized this need and suggest more researches in this filed. Now it is the time that all Medical Colleges should include educating their students about spiritual health care in comprehensive patient care. Medical Council of India should also take some action in this direction

#### **REFERENCES**

1. Foglio JP, Brody H. Religion, faith, and family medicine. *J Fam Pract.* 1988;27:473–474
2. VandeCreek L, Nye C. Trying to live forever: correlates to the belief in life after death. *Journal of Pastoral Care.* 1994;48(3)
3. Derrickson BS. The spiritual work of the dying: a framework and case studies. *Hosp J.* 1996;11:11–30
4. Moberg D. Spiritual well-being of the dying. In: Lesnoff-Caravaglia G, editor. *Aging and the Human Condition.* New York: Human Science Press; 1982
5. Leighton S. When mortality calls, don't hang up. *Spiritual Life.* 1996;22(3):150–157
6. World Health Organization (1985) *Handbook of Resolutions and Decisions*, Vol. II, p.5-6 2. World Health Organization. The determinants of health. Geneva. Accessed 12 May 2011 <http://www.who.int/hia/evidence/doh/en>

7. Strawbridge WJ, Cohen RD, Shema SJ, Kaplan GA. Frequent attendance at religious services and mortality over 28 years. *Am J Public Health*. 1997;87:957–961
8. Koenig HG, Cohen HJ, George LK, Hays JC, Larson DB, Blazer DG. Attendance at religious services, interleukin-6, and other biological parameters of immune function in older adults. *Int J Psychiatry Med*. 1997;27:233–250
9. Brady MJ, Peterman AH, Fitchett G, Mo M, Cella D. A case for including spirituality in quality of life measurement in oncology. *Psychooncology*. 1999;8:417–428
10. Mellbye, F. (1983) The delegates speak. *WHO chronicle*, 37: 133
11. 16. World Health Organization (1983) Thirty –six World Health Assembly, 2-16 May WHA36/1983/REC/1. WHA 36/1983/REC/2 and WHA 36/1983/REC/3
12. Ibid, WHA36/1983/REC/3, p.221
13. Brady MJ, Peterman AH, Fitchett G, Mo M, Cella D. A case for including spirituality in quality of life measurement in oncology. *Psychooncology*. 1999;8:417–428
14. McNeill JA, Sherwood GD, Starck PL, Thompson CJ. Assessing clinical outcomes: patient satisfaction with pain management. *J Pain Symptom Manage*. 1998;16:29–40
15. Kaldjian LC, Jekel JF, Friedland G. End-of-life decisions in HIV-positive patients: the role of spiritual beliefs. *AIDS*. 1998;12:103–107.
16. Harris RC, Dew MA, Lee A, Amaya M, Buches L, Reetz D, Coleman C. The role of religion in heart-transplant recipients' long-term health and well-being. *Journal of Religion and Health*. 1995;34(1):17–32
17. Benson H. *The Relaxation Response*. reissue ed. New York: Avon; 1990
18. Ehman JW, Ott BB, Short TH, Ciampa RC, Hansen-Flaschen J. Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill? *Arch Intern Med*. 1999;159:1803–1806
19. Christina M. Puchalski. Role of Spirituality in health care. *Proc (Bayl Univ Med Cen.)* 2001Oct;14(4):352-357
20. Remen RN. *Kitchen Table Wisdom: Stories That Heal*. New York: Riverhead Books; 1997
21. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) *Comprehensive Accreditation Manual for Hospitals (CAMH): The Official Handbook* (update 3) Oakbrook Terrace, Ill: JCAHO; 1999. Patient rights and organization ethics; pp. R1–15
22. Lo B, Quill T, Tulsky T, for the ACP-ASIM End-of-Life Care Consensus Panel Discussing palliative care with patients. *Ann Intern Med*. 1999;130:744–749